

CONCENTRA INTEGRATED SERVICES, INC. MANAGED HEALTH CARE PLAN (MHCP)

IMPLEMENTATION PROCESS

NOTIFICATION OF EMPLOYEES

Notification is imperative. Employees must be informed that they are required to use Concentra Network providers in order to be eligible for coverage of medical costs incurred for treatment for a work-related injury.

This may be accomplished by:

1. **Written notification** - “Employee Acknowledgment” letter accompanied by the Concentra MHCP “Information, Instructions, Rights and Obligations” (example enclosed).
2. **Meeting** with employees to explain MHCP.

ASSIGN “SITE COORDINATOR(S)”

Site Coordinators are individuals designated to assist the injured employee in accessing the system.

1. Provide with manuals and documents.
2. Train as needed.

POST COUNTY GATEKEEPERS LIST AT THE WORKSITE

Lists will be provided for posting.

24-hour “Hot Line” number published on the posting if assistance is needed.

REFER TO “WHEN AN INJURY OCCURS” DOCUMENT

Provides directions for injury management.

REVIEW MANUAL AND DOCUMENTS

Employee Acknowledgment

To All Employees:

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Concentra has been selected by CCMSI, our Third Party Administrator for workers' claims to provide Managed Care Services for employees of the Commonwealth of Kentucky. Effective October 1, 2005, we have instituted a Certified Managed Health Care Plan (MHCP).

When an employer joins a Managed Health Care System, 803 KAR 25:110 states; *"All employees shall obtain medical services compensable under KRS Chapter 342 from a Certified Managed Care Plan of the employer except for those injuries or diseases for which continuing treatment was initiated prior to the date the managed care plan for the employer was approved. However, when an employee under continuing care changes the designation of a treating physician, the employee's provider choice shall be limited to providers under the certified managed care plan and medical services thereafter shall be obtained pursuant to the managed care plan."*

This means that when you have a work related injury, which requires medical attention, you **MUST** obtain treatment from a physician within the MHCP network of providers. For your convenience, a list of providers has been posted at your work site. In an emergency, you may seek treatment from any emergency facility.

If you have questions regarding how to obtain a referral to a network health care provider, please contact Concentra Integrated Services, Inc. at CCMSI 1-866-361-6899.

You have a right to file a grievance if you are dissatisfied with the service provided to you within the Managed Care Plan. This grievance can be initiated by contacting Concentra's Grievance Coordinator, at 800-243-2336 x4274. The Grievance Coordinator will have the ability to assign the grievance to the appropriate level for follow-up and resolution. If the grievance cannot be satisfied by a phone call, you may file a written grievance on the Grievance Notification Form available from your employer or from Concentra.

The Grievance Committee will process the grievance within 30 days of receipt. *If you are unsatisfied with the Committee's findings or decision, you may request a review by an Administrative Law Judge (ALJ) as appointed by the Kentucky Office of Workers' Claims. The telephone number for the Office of Workers' Claims is (502) 564-5550.*

Please sign and date this form in the space below indicating that the Concentra Managed Health Care Plan Information and Instructions are available to you and that you understand the materials. Return the signed and dated form to your supervisor.

Print or type your name

Employee Signature

Date

Concentra Managed Health Care Plan

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Information, Instructions and your Rights and Obligations ***Effective October 1, 2005***

Dear Employee:

CCMSI, claims administrator for your workers compensation program, has selected the Concentra Managed Health Care Plan to manage the medical care and treatment you may receive in the event that you have a work-related injury. In the event you have a work-related injury immediately notify your employer. Your employer will answer your questions regarding how to get medical care and treatment through the Concentra Managed Health Care Plan. You may also contact a registered nurse at the Concentra MHCP Hot line at **1-866-361-6899** for questions regarding your care and treatment. Concentra and your employer have formed an alliance to provide high quality, goal-oriented and timely medical care for injured employees in order to promote effective rehabilitation and return you to work as soon as medically possible.

What to do if you are injured while on the job . . .

Immediately notify your employer. Your employer will further instruct you how to obtain medical treatment through the Concentra Managed Health Care Plan. Or, you may call Concentra Integrated Services, Inc. directly and a representative will help to coordinate an appointment for you with a network provider.

You will be provided instructions on how your provider may obtain treatment authorization.

Emergency care (defined as a medical condition that if left untreated could lead to disability or death; or when one seeks to alleviate severe pain, only) does not need to be pre-authorized.

If your injury requires continuing care, you may either continue care with the emergency care physician or you will be required to select a "Gatekeeper" physician from among the designated provider list that your employer has posted. The selected physician will be responsible for overseeing the medical care and treatment you receive for your work-related injury.

Your Rights and Obligations . . .

1. You must use the Concentra MHCP Network providers **in order to be eligible for coverage of medical costs incurred for the care of your work-related injury**. The only time you may access non-network health care providers and still be eligible for coverage of your medical costs is:
 - When you are in treatment for an injury which occurred prior to the managed care plan implementation;
 - When you require emergency care (defined as a medical condition that if left untreated could lead to disability or death; or when one seeks to alleviate severe pain, only) and you choose to remain under the care of this provider for follow-up treatment of this injury;
 - When a Concentra Managed Health Care Plan participating provider refers your care outside of the managed care plan;
 - When authorized treatment is not available through providers in the Concentra Managed Health Care Plan; or
 - To obtain a second opinion when a Concentra Managed Health Care Plan participating provider recommends surgery.

You have the right to file a grievance or dispute against the Concentra Managed Health Care Plan if you are dissatisfied with any treatment you received, treatment recommendation or decision, or any general complaint against the organization. Please refer to your informational material regarding the Concentra Grievance Procedure, or ask your employer or call the Concentra MHCP Hot line at **1-866-361-6899** to have your questions answered.

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“WHAT TO DO WHEN AN EMPLOYEE REPORTS AN INJURY”

1. If emergency medical attention is required, obtain immediate assistance by dialing the emergency phone number in your area.
2. If the injury does not require emergency treatment discuss the nature of the injury with the employee and ask him/her to explain HOW, WHEN and WHERE the injury occurred. Document the injury.
3. Determine if medical care is needed. If so, reference the ‘Gatekeeper’ list and assist the injured employee in the selection of a provider. The Concentra Provider Network can also be accessed through the internet. The website address is:

<http://www.focus-ppo.com/kymco>
4. Direct the injured employee to the provider s/he has selected. Contact the selected provider to schedule an appointment.
5. Give the “Provider Introductory Letter”, Form 106 and WCF-5 to the injured employee. Explain that this letter along with Form 106 and WCF-5 must be given to the provider when s/he goes for treatment. The letter will identify that s/he is a company employee and it will guide the provider in requesting authorization and billing and for treatment. Form 106 is required by the state for the release of medical information. Form 113 may be found on the Personnel Cabinet, Workers’ Compensation web site listed below.
<http://personnel.ky.gov/stemp/workerscomp/default.htm>
6. Notify injured employees family. Ask the employee if s/he wants someone to be notified about the injury and place the call for the employee.
7. Report the injury to your supervisor.
8. Report the injury to your supervisor who will then report your claim to CCMSI. CCMSI will provide Concentra the “First Report of Injury” and Concentra will then initiate case management activities.
9. Follow-up during recovery. Ask your supervisor about any follow-up activities that the company requires you to perform. This may include additional reporting or documentation duties. There may also be a required follow-up contact with the injured employee.
10. **If ongoing treatment is required and/or the injured employee has lost time from work, he she must designate a gatekeeper physician to coordinate care for the injury/illness.** In this instance the injured worker must complete a Form 113 used to name the gatekeeper provider. This form requires the provider’s signature and it **must be** submitted to the claims administrator, CCMSI, **within 10 days of receipt**. The claims administrator will then send the employee a card to be presented to the designated provider at each visit.
11. Consider modified duty. Studies show that injured employees recover more quickly when they are back on the job as soon as medically possible after the injury has occurred. Some injuries may require a change in work routine for a limited time during the recovery process. If so, a Concentra case manager may call you to discuss ways in which the employee’s work can be temporarily changed to accommodate the provider’s instructions.

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PROVIDER INTRODUCTORY LETTER

Date: _____

Employer Name: _____(Commonwealth of Kentucky)

Employer Telephone # _____

Dear Provider:

_____, is coming to you for an initial visit as an employee of _____ who is a participant in the Concentra Managed Health Care Plan (MHCP) of Kentucky. Please note that this letter does not confirm that the injury or condition is covered by workers' compensation insurance. That determination will be made as soon as an investigation is completed by the workers compensation insurance carrier.

As the employer we are working closely with the Concentra MHCP and the involved medical providers of the FOCUS Network to ensure that our employees receive access to timely and medically necessary treatment for their industrial injuries. In the best interest of our employees, we often have modified work available, which would allow the employee to return to work at the earliest possible date. Please keep this in mind as you treat our employee.

**Please Contact Concentra Utilization & Case Management at CCMSI
1-866-361-6899**

When One Of The Following Occurs:

- | | |
|--------------------------------------------------------|-------------------------------------|
| 1. Anticipated Disability in Excess of Seven days | 6. Hospitalization |
| 2. Prior Disability, by History, of the Same Body Part | 7. Anticipated Surgery |
| 3. Fracture of a Major Bone/Non-Union Fracture | 8. Treatment Plan to exceed 2 weeks |
| 4. Anticipated Permanent Disability | 9 Physical Therapy Recommended |
| 5. Referral to a Provider | |

All **claims for treatment** must be submitted to the claims administrator (Cannon Cochran Management Services, Inc.) on the appropriate form required by the state. Please submit all medical reports within the time frame required by the applicable state law. Billing for your services should be sent to CCMSI, P.O. Box 43909, Louisville, KY, 40253

Should you have any questions regarding your participation in the network, please refer to the FOCUS Provider Network Manual, or contact your Provider Relations Representative at 1-800-243-2336.

Sincerely,

Employer Representative

*****IMPORTANT NOTICE *****
EMERGENCY ROOMS, HOSPITALS, PHYSICIANS AND URGENT CARE CENTERS

If the patient requires a referral to a specialist, the claims administrator suggests that you consult The FOCUS Workers' Compensation Preferred Provider Network Directory provided to participating physicians and hospitals; or contact The Concentra Managed Health Care Plan (MHCP) directory information number, **1-866-361-6899**.

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COMMONWEALTH OF KENTUCKY
OFFICE OF WORKERS' CLAIMS
657 Chamberlin Avenue
FRANKFORT, KY 40601
MEDICAL WAIVER AND CONSENT

I, _____ having filed a claim for workers' compensation benefits, do hereby waive any physician-patient, psychiatrist-patient, or chiropractor-patient privilege I may have and hereby authorize any health care provider to furnish to myself, my attorney, my employer, its workers compensation carrier or its agent, the Division of Workers' Compensation Funds, the Uninsured Employers' Fund, or Administrative Law Judge any information or written material reasonably related to my work-related injury occurring on or about _____ any medical information relevant to the claim including past history of complaints of, or treatment of, a condition similar to that presented in this claim or other conditions related to the same body part.

Such information is being disclosed to the purpose of facilitating my claim for Kentucky workers' compensation benefits.

I understand I have the right to revoke this authorization in writing at any time, by sending written notification to each individual health care provider, but such revocation will not have any affect on actions taken prior to revocation. Moreover, inasmuch as KRS 342.020(8) requires a medical waiver to be executed, revocation may result in suspension or delay of the workers' compensation claim.

I understand that no medical provider may condition treatment or payment on whether I sign this medical waiver; however, I further understand that failure to sign this medical waiver may result in suspension or delay of the workers' compensation claim.

I understand that the information used or disclosed pursuant to this medical waiver may be subject to re-disclosure by the recipient.

This authorization shall remain valid for 180 days following its execution. A photocopy of the authorization may be accepted in lieu of the original.

The authorization includes, but is not restricted to, a right to review and obtain all copies of all records, x-rays, x-ray reports, medical charts, prescriptions, diagnoses, opinions and courses of treatment.

Signed at _____, Kentucky, this _____ day of _____, 20_____.

Signature of Patient Or Personal Representative

Social Security Number: _____

Witness Signature

Description Of Personal Representative's Authority

KENTUCKY WORKERS' COMPENSATION AND HIPAA

On April 14, 2003, the federal Health Insurance Portability and Accountability Act [HIPAA] privacy regulation will take effect. This regulation limits the situations in which medical providers may release patient information, unless the information is necessary for the purpose of treatment, payment, or health care operations. Moreover, it is important to note that disclosures for workers' compensation are in most instances exempt from HIPAA privacy requirements. The exact wording is as follows: "A covered entity may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation..."

Since HIPAA defers to state law regarding disclosures relating to workers' compensation, it is important for claimants and medical providers to know what Kentucky law requires for disclosure of patient information. An employee who reports a work injury or who files for workers compensation benefits must "execute a waiver and consent of any physician-patient, psychiatrist-patient, or chiropractor-patient privilege with respect to any condition or complaint reasonably related to the condition for which the employee claims compensation." KRS 342.020 (8). The reverse side of this Form 106 is the waiver and consent that each employee must sign. Kentucky law further states that once this Form 106 is signed, any health care provider "shall, within a reasonable time after written request by the employee, employer, workers' compensation insurer [or its agent or assignee], special fund, uninsured employers fund, or the administrative law judge, provide the requesting party with any information or written material reasonably related to any injury or disease for which the employee claims compensation."

Once the Form 106 is signed, health care providers may disclose information as set out in Kentucky law. Another section of the regulation allows release of information pursuant to an administrative or judicial order or subpoena, provided that there has been a reasonable effort to notify the injured worker [or his attorney] that such a request has been made. Should there be questions regarding disclosures pursuant to this form, appropriate legal counsel should be consulted or you can contact the Office of Workers' Claims at 800 554-8601.

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Site Coordinator's Manual



Kentucky Managed Health Care Plan Effective October 1, 2005 Commonwealth of Kentucky Workers Comp Claims administered by CCMSI

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Site Coordinator's Manual

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SECTION 1

Site Coordinator's Guide

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Site Coordinator's Guide

BACKGROUND:

Your employer, and its contracted workers' compensation third party administrator, CCMSI are committed to the well-being and safety of all employees. As part of this commitment, we want to ensure that every employee who sustains a work-related injury obtains prompt medical care, is treated at high standards of care, and returns to work as soon as medically feasible. The **Concentra Managed Health Care Plan has been chosen to provide managed care services** for work-related injuries. Concentra Integrated Services, Inc. is a nationwide firm of medical and vocational specialists in workers compensation located throughout the Commonwealth of Kentucky.

You are designated to serve as the Site Coordinator for your employer's managed care program.

DISTRIBUTION OF EMPLOYEE MANAGED CARE EDUCATIONAL MATERIALS:

You are responsible for making sure that all employees receive their individual copy of the **Concentra MHCP** education materials and posting the "gatekeeper" listing.

DESIGNATED MEDICAL PROVIDER:

You have been provided a list of designated "gatekeeper" physicians to be used by injured employees for the initial evaluation of an injury. This listing of gatekeepers is to be posted at the worksite. In addition, the gatekeeper physicians will have a complete listing of providers, including specialists in your county and surrounding areas, from which employees may choose when referred to a specialist by a designated gatekeeper. The Concentra Provider Network can also be accessed through the internet. The website address is:

<http://www.focus-ppo.com/kymco>

WHEN A WORK RELATED INJURY OR ILLNESS OCCURS:

Assist the injured employee with the selection of a "gatekeeper" provider and immediately notify the Personnel Cabinet's Workers' Compensation Branch. Your Personnel Cabinet's Workers' Compensation Branch will notify Concentra Integrated Services, Inc. Concentra will communicate the medical status of the injured employee to your employer.

SITUATIONS WHEN AN INJURED EMPLOYEE MAY RECEIVE TREATMENT OUTSIDE OF THE CONCENTRA MHCP PROGRAM FROM A NON-NETWORK PROVIDER/FACILITY:

- For treatment of an injury that began prior to the Concentra MHCP implementation;
- For emergency care;
- When an injured worker chooses to continue treatment with the initial emergency room provider, if the provider agrees to abide by the "Plan" utilization review requirements, reporting, and other standards;
- For a second opinion when a network provider recommends a surgical procedure;
- When a Concentra network provider refers the employee to a provider not in the network; or
- **When authorized treatment is not available from a Concentra network provider. (If this situation arises, Concentra will facilitate referral of the employee to an appropriate specialist or facility for care.)**

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SECTION 2

About Concentra Integrated Services

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About Concentra Integrated Services, Inc.

Your workers' compensation third party administrator, CCMSI, has contracted with Concentra Integrated Services, Inc. (CIS) for Managed Health Care Plan (MHCP) services. CIS is well equipped to provide medical management services through their professionally trained staff. In addition, CIS will be working with your employees, the preferred provider network and your insurance company to insure the injured employee receives quality health care services and returns to work as soon as medically possible.

If you have any questions about the CIS MANAGED CARE PLAN you may contact the following;

Concentra Integrated Services, Inc.

Utilization Management & Telephonic Case Management	866-361-6899
-----------------------------------------------------	---------------------

24 Hour Toll-Free Line	866-624-6390
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If you have questions about payments related to medical or indemnity benefits, please contact your workers compensation insurance company or claims administrator.

SECTION 3

Grievance Procedure

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Concentra Grievance Procedure Information

You may utilize the Concentra Grievance Procedure Program to file a grievance or complaint regarding medical services.

To file a grievance:

1. Obtain a grievance form from your employer or by calling Concentra Integrated Services, Inc. at 800- 243-2336 x4274 to request a form.
 2. Forms must be submitted within thirty (30) days of the dispute/event/complaint to:
Concentra Integrated Services, Inc.
Grievance Coordinator
720 Cool Springs Boulevard
Suite 300
Franklin, TN 37067
Telephone: (800) 243-2336 x4274
Fax: 615-224-9129
 3. The Concentra Grievance Committee shall gather all information pertinent to your grievance and shall evaluate it and render its decision within thirty (30) days of receipt of your Grievance Form.
 4. If you are unsatisfied with the Concentra Grievance Committee's findings or decision, you may request a review by an Administrative Law Judge (ALJ) as appointed by the Kentucky Office of Workers' Claims. To be eligible for an Administrative Review by the ALJ, you must submit in writing directly to the Kentucky Office of Workers' Claims your request for the ALJ review and the grounds on which you base your complaint. You may call the Office at its number below, if you have any questions on how to file for a review. The Office's address is:
Office of Workers' Claims
657 Chamberlin Avenue
Frankfort, KY 40601
Telephone: (502) 564-5550
 5. If you have questions, please call Concentra Integrated Services, Inc. at 800-243-2336 x4274
-

Every reasonable effort will be made by Concentra and the Kentucky Office of Workers' Claims to resolve your dispute/grievance in a timely manner so that you can continue to receive rehabilitative medical care for your injury.

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Concentra Grievance Notification Form

If you wish to file a grievance you must complete and mail or fax this form to the Concentra Grievance Coordinator within thirty (30) days of the event-giving rise to the grievance.

Concentra Integrated Services, Inc.
Grievance Coordinator
720 Cool Springs Boulevard
Suite 300
Franklin, TN 37067

Phone #: (800) 243-2336 X4274
Fax #: (615) 224-9129

Grievances or disputes involving critical or urgent medical care will be reviewed expeditiously so as not to interrupt delivery of medical care for the injury.

Date of Grievance/Incident	
Your Name & Employer (If applicable)	
Employer's Address:	
Your Daytime Phone No.	
Member/Provider Name and address with Whom You have the Dispute	
Treatment Dates Relevant to Dispute	

Description of Dispute/Grievance

Please be as detailed and precise as possible. Attach additional sheet(s) if necessary.

For Office Use Only

Date Grievance Received	
Grievance Coordinator	
Grievance Identification No.	

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Concentra Grievance Notification Form
Page Two

Aggrieved Party's Request for Action to be taken against violating party:

Signature of Individual Submitting Grievance

Date

Please mail or fax this document to:

Concentra Integrated Services, Inc.
Grievance Coordinator
720 Cool Springs Boulevard Suite 300
Franklin, TN 37067

Telephone: (800) 243-2336 x 4274
Fax: (615) 224-9129

Your Rights & Obligations When Filing a Grievance:

Any grievance must be filed on this form and submitted to the Grievance Coordinator at the address identified on the first page of this form. The formal written grievance must be received by the Grievance Coordinator within thirty (30) days of the event, which gave rise to the grievance. Concentra Integrated Services, Inc. will respond to the grievance as quickly as possible and will submit a decision on the grievance within thirty (30) days of receipt of said grievance. For any questions on the grievance or appeal procedure please call the toll-free MHCP hot line at

1-800-243-2336 x4274

If you do not receive relief from the Grievance Procedure format, you may request a review to be conducted by the Administrative Law Judge (ALJ) designated by the Kentucky Commissioner of Workers' Claims. You may submit a request for review to the ALJ within thirty (30) days of Concentra's final decision. Your request for review by the ALJ must be submitted in writing directly to the Kentucky Office of Workers' Claims within thirty (30) of issuance of Concentra's decision. For further information on how to seek a review by the ALJ, contact the Kentucky State Office of Workers' Claims (502) 564-5550.

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Concentra Grievance Committee Findings

Aggrieved Party's Name:	
Grievance Coordinator:	
Grievance Identification No.:	

Concentra's Findings and Conclusions:

Disposition of Grievance / Plan of Action:

Upon resolution and notification of Grievance Committee's findings this form is to be attached to original documentation submitted by aggrieved party and must be maintained for a period of two (2) years from the date of receipt of the original grievance.

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SECTION 4

Preferred Provider Network

Kentucky Gatekeepers

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